

AClass NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	[REDACTED]	Date:	November 5, 2008
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC#:	TB-AA08-02
Assessor:	Terry Burgess	Clause #:	4.9.2
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
<i>CARs are not initiated when non-conforming work is identified as required by Management System Manual, section 4.9.</i>			
Customer's Acknowledgment of Receipt of Finding			
Name:	[REDACTED]	Date:	November 5, 2008
Organization's Proposed Corrective Action Plan			
Please attach to this form, your CAR number (if relevant) and your responses, including: <ul style="list-style-type: none"> Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS			
RESPONSE ACCEPTABLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date :		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO		If response is "NO" again, contact ACLASS Accreditation Manager(s) for guidance.	
		Date:	
		Approved by:	
Verification of Response by ACLASS			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

AClass NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	[REDACTED]	Date:	November 5, 2008
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC#:	TB-AA08-03
Assessor:	Terry Burgess	Clause #:	4.12
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
<p><i>Preventive actions identified by the QA procedure and in management reviews need to be documented.</i></p>			
Customer's Acknowledgement of Receipt of Finding			
Name:	[REDACTED]	Date:	November 5, 2008
Organization's Proposed Corrective Action Plan			
<p>Please attach to this form, your CAR number (if relevant) and your responses, including:</p> <ul style="list-style-type: none"> • Root Cause Analysis (how / why did this happen?) • Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS			
RESPONSE ACCEPTABLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO		If response is "NO" again, contact ACLASS Accreditation Manager(s) for guidance.	
		Date:	
		Approved by:	
Verification of Response by ACLASS			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

AClass NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Date:	November 5, 2008
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA	NC#:	TB-AA08-04
	<input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion		
Assessor:	Terry Burgess	Clause #:	5.5.6
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
<i>The Management System Manual does not provide details for the safe handling, transport, use, storage, and planned maintenance of measuring equipment. No other procedure is available.</i>			
Customer's Acknowledgment of Receipt of Finding			
Name:	<div style="background-color: black; width: 80px; height: 1.2em;"></div>	Date:	November 6, 2008
Organization's Proposed Corrective Action Plan			
Please attach to this form, your CAR number (if relevant) and your responses, including: <ul style="list-style-type: none"> Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS			
RESPONSE ACCEPTABLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO		If response is "NO" again, contact ACLASS Accreditation Manager(s) for guidance.	
		Date:	
		Approved by:	
Verification of Response by ACLASS			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

AClass NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Date:	November 5, 2008
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC#:	TB-AA08-05
Assessor:	Terry Burgess	Clause #:	4.13.2.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major		<input type="checkbox"/> Minor <input checked="" type="checkbox"/> Opportunity	
Description of Finding			
<i>The dates of the most recent standards used are not always included in the working test data and test reports. The laboratory needs to evaluate the information that needs to be included in the reports to ensure the tests can be repeated under conditions as close as possible to the original.</i>			
Customer's Acknowledgment of Receipt of Finding			
Name:	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Date:	November 6, 2008
Organization's Proposed Corrective Action Plan			
Please attach to this form, your CAR number (if relevant) and your responses, including: <ul style="list-style-type: none"> Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS			
RESPONSE ACCEPTABLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO		If response is "NO" again, contact ACLASS Accreditation Manager(s) for guidance.	
		Date:	
		Approved by:	
Verification of Response by ACLASS			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
		Approved By:	
If response is "NO" or warrants comment, do so below:			

AClass NON-CONFORMANCE RECORD

Reference Information			
Customer Name:		Date:	November 5, 2008
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC#:	TB-AA08-06
Assessor:	Terry Burgess	Clause #:	5.4.6.2
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major		<input checked="" type="checkbox"/> Minor	
		<input type="checkbox"/> Opportunity	
Description of Finding			
<p><i>The laboratory's method of calculating and reporting the uncertainty of measurement does not meet the requirements of CISPR 16-4-2 (Uncertainties in EMC Measurements).</i></p>			
Customer's Acknowledgment of Receipt of Finding			
Name:		Date:	November 6, 2008
Organization's Proposed Corrective Action Plan			
<p>Please attach to this form, your CAR number (if relevant) and your responses, including:</p> <ul style="list-style-type: none"> Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS			
RESPONSE ACCEPTABLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO		If response is "NO" again, contact ACLASS Accreditation Manager(s) for guidance.	
		Date:	
		Approved by:	
Verification of Response by ACLASS			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
		Approved By:	
If response is "NO" or warrants comment, do so below:			

AClass NON-CONFORMANCE RECORD

Reference Information			
Customer Name:		Date:	November 5, 2008
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA	NC#:	TB-AA08-07
	<input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion		
Assessor:	Terry Burgess	Clause #:	5.6.2.2.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input checked="" type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
<p>The following measuring/test equipment was calibrated externally but they were not accredited calibrations: Fluke 87 (), four new 3030B4 accelerometers, digital caliper (), digital caliper (), and digital micrometer (). The following were calibrated internally: LISN, cables, two probes (safety lab), preamp, EM clamp, CDN, and leakage current meter (safety lab). The laboratory is not accredited for calibration.</p>			
Customer's Acknowledgment of Receipt of Finding			
Name:		Date:	November 6, 2008
Organization's Proposed Corrective Action Plan			
<p>Please attach to this form, your CAR number (if relevant) and your responses, including:</p> <ul style="list-style-type: none"> Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS			
RESPONSE ACCEPTABLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO		If response is "NO" again, contact ACLASS Accreditation Manager(s) for guidance.	
		Date:	
		Approved by:	
Verification of Response by ACLASS			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

AClass NON-CONFORMANCE RECORD

Reference Information			
Customer Name:		Date:	November 5, 2008
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC#:	TB-AA08-08
Assessor:	Terry Burgess	Clause #:	5.9.A.20
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major		<input type="checkbox"/> Minor <input checked="" type="checkbox"/> Opportunity	
Description of Finding			
<p><i>The laboratory needs to construct a four-year plan for PT/ILC. This is an AClass-specific requirement.</i></p>			
Customer's Acknowledgment of Receipt of Finding			
Name:		Date:	November 6, 2008
Organization's Proposed Corrective Action Plan			
<p>Please attach to this form, your CAR number (if relevant) and your responses, including:</p> <ul style="list-style-type: none"> Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS			
RESPONSE ACCEPTABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO		If response is "NO" again, contact ACLASS Accreditation Manager(s) for guidance.	
		Date:	
		Approved by:	
Verification of Response by ACLASS			
IMPLEMENTATION ACCEPTABLE? (verified next visit) <input type="checkbox"/> YES <input type="checkbox"/> NO		Date:	
		Approved By:	
If response is "NO" or warrants comment, do so below:			

ACCLASS NON-CONFORMANCE RECORD

Reference Information			
Customer Name: XXXXXXXXXX		Date:	November 5, 2008
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC#:	TB-AA08-09
Assessor:	Terry Burgess	Clause #:	5.9.2
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major		<input type="checkbox"/> Minor	
		<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
<p><i>The laboratory has completed a proficiency test in 2008 but has not yet received the results. They need to provide the results to ACLASS within six months.</i></p>			
Customer's Acknowledgment of Receipt of Finding			
Name: XXXXXXXXXX		Date: November 6, 2008	
Organization's Proposed Corrective Action Plan			
<p>Please attach to this form, your CAR number (if relevant) and your responses, including:</p> <ul style="list-style-type: none"> Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS			
RESPONSE ACCEPTABLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:	Approved By:		
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO		If response is "NO" again, contact ACLASS Accreditation Manager(s) for guidance.	
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		Approved by:	
Verification of Response by ACLASS			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

ACCLASS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	[REDACTED]	Date:	November 5, 2008
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC#:	TB-AA08-10
Assessor:	Terry Burgess	Clause #:	5.4.1 and FCC Checklist line 43
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
<i>The laboratory did not evaluate the influence of site reflections and other site variables > 1 GHz, contrary to (ANSI C63.4-2003, Section 8.2.4).</i>			
Customer's Acknowledgement of Receipt of Finding			
Name:	[REDACTED]	Date:	November 6, 2008
Organization's Proposed Corrective Action Plan			
Please attach to this form, your CAR number (if relevant) and your responses, including: <ul style="list-style-type: none"> Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS			
RESPONSE ACCEPTABLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO		If response is "NO" again, contact ACLASS Accreditation Manager(s) for guidance.	
		Date:	
		Approved by:	
Verification of Response by ACLASS			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

Attachment F – Accreditation Recommendation Record

Non-Conformance Summary by Clause

ISO/IEC 17025 Clause	# of Major	# of Minor	Total
4.1 Management & Organization			
4.2 Management System			
4.3 Document control	1		1
4.4 Requests, tenders & contracts			
4.5 Subcontracting			
4.6 Purchasing			
4.7 Services to the customer			
4.8 Complaints			
4.9 Nonconforming work		1	1
4.10 Improvement			
4.11 Corrective action			
4.12 Preventive action			
4.13 Control of records			
4.14 Internal audits			
4.15 Management reviews			
5.1 General Technical			
5.2 Personnel			
5.3 Accommodation & environmental			
5.4 Methods and method validation		2	2
5.5 Equipment		1	1
5.6 Measurement traceability	1		1
5.7 Sampling			
5.8 Handling of items			
5.9 Assuring quality of results			
5.10 Reporting the results			
5.11 Use of ACLASS Symbol			
ACCLASS-Specific requirements			
Total NC's	2	4	6
Total OFI's	4		

Attachment G – Closing Meeting Record

AClass CLOSING MEETING CHECK SHEET

Customer Name:	
Lead Assessor/Presenter:	Terry Burgess
Date:	November 6, 2008

TOPICS REQUIRED TO BE ADDRESSED:**Mark Box with "X" if Covered****Thanks for Selecting ACLASS[®]**☒ YES ☐ NO**Attendance Sheet**☒ YES ☐ NO**Summarize Assessment, which includes:**☒ YES ☐ NO

- Positive Aspects
- Concerns
- Sample Operational System
- Confidentiality
- Checklist
- Non-Conformance Record and Responses
- Classification of Findings
- Accreditation Determination Record
- Customer Questions of Findings

Receipt of Proficiency Test Report (Summary Sheet Only)☒ YES ☐ NO**Accreditation Assessment Report**☒ YES ☐ NO**Appeals Process**☒ YES ☐ NO**Recommendation FOR or CONTINUED accreditation?** ☐ YES ☐ NO ☒ HOLD**IF YES:**

- Final Verification of Scope, Certificate and Accreditation Cycle
- What Happens If Changes Are Made By Customer to Operational System
- What Happens If Changes Are Made By ACLASS To Accreditation System-Surveillance Assessment/Confirm Non-Conformance Actions
- Proper Use of ACLASS Accreditation Symbol (ILAC Mark)

☐ YES ☐ NO**IF NO or HOLD:**

- Follow-up Visit, if applicable
- Full Re-assessment, if applicable

☐ YES ☒ NO☐ YES ☒ NO**ANSI Z-540 Compliant?**☐ YES ☒ NO**CARs Needed & Resolution of Non-Conformities?**☒ YES ☐ NO**Explain CARs Due to ACLASS within 30 days**☒ YES ☐ NO**Assessor Assessment Record**☒ YES ☐ NO**Feedback and Assessment Activity Survey**☒ YES ☐ NO**COMMENTS: Send PT results when received (within six months)**

Attachment H – Final Draft Scope

DRAFT - SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005 - DRAFT



TESTING

Valid to:

Certificate Number:

I. Electrical

FIELD OF TEST	ITEMS, MATERIALS OR PRODUCTS TESTED	SPECIFIC TESTS OR PROPERTIES MEASURED	SPECIFICATION, STANDARD METHOD OR TECHNIQUE USED	*DETECTION LIMIT/ RANGE/ EQUIPMENT
EMC	General	Radiated and Conducted Emissions	FCC Part 15 B/C/D/E using ANSI C63.4 (2003) & ANSI C63.17; FCC Part 18 using FCC OST/MP-05 (1986); FCC Report and Order ET Docket 98-153 (FCC 02-48); Procedures in IDB 20040420-001; Procedures in IDB 20021108-001 with FCC Method 47 CFR Part 15, Subpart F: DA 00-705 (March 30, 2000) and KDB Pub. No. 558074, KDB Pub. No. 200433; DA 02-2138; CISPR 22 (1997)+A1, (2000)+A2, (2002), CISPR 22 (2005); EN 55022 (1998)+A1, (2000)+A2, (2003), EN 55022 (2006); AS/NZS CISPR 22; CAN/CSA-CEI/IEC CISPR 22; CNS 13438; KN 22 with RRL Notice # 2007-100 (Dec 26, 2007); CISPR 11 (1997)+A1, (1999)+A2, (2002); EN 55011 (1998)+A1, (1999)+A2, (2002); AS/NZS CISPR 11; KN11 with RRL Notice 2007-100 (Dec 26, 2007); CNS 13803	Network Based System



FIELD OF TEST	ITEMS, MATERIALS OR PRODUCTS TESTED	SPECIFIC TESTS OR PROPERTIES MEASURED	SPECIFICATION, STANDARD METHOD OR TECHNIQUE USED	*DETECTION LIMIT/RANGE/EQUIPMENT
EMC	General	Harmonics	IEC 61000-3-2 (2000)+A1, (2001)+A2, (2004), IEC 61000-3-2 (2005); EN 61000-3-2 (2000)+A2, (2005), EN 61000-3-2 (2006); AS/NZS 61000-3-2	Network Based System
		Flicker	IEC 61000-3-3 (1994)+A1, (2001)+A2, (2005); EN 61000-3-3 (1995); AS/NZS 61000-3-3	
		Product Specific	IEC 61000-6-3; EN 61000-6-3; AS/NZS 61000.6.3; IEC 61000-6-4; EN 61000-6-4; AS/NZS 61000.6.4; CISPR 14-1 (2000)+A1, (2001)+A2, (2002)*; EN 55014-1 (2000)+A1, (2001)+A2, (2002); AS/NZS CISPR 14-1; CNS 13783-1 (2001)+A1; CISPR 25, sections 6.2, 6.3 and 6.4	



FIELD OF TEST	ITEMS, MATERIALS OR PRODUCTS TESTED	SPECIFIC TESTS OR PROPERTIES MEASURED	SPECIFICATION, STANDARD METHOD OR TECHNIQUE USED	*DETECTION LIMIT/RANGE/ EQUIPMENT
Immunity	General	ESD	IEC 61000-4-2 (1995)+A1, (1997)+A2, (1998); EN 61000-4-2 (1995)+A1, (1999)+A2, (2001); KN 61000-4-2	Network Based System
		RF to 2.7 GHz, 20V/m	IEC 61000-4-3 (2002)+A1, (2002); IEC 61000-4-3 (2006); EN 61000-4-3 (2006); KN 61000-4-3	
		EFT	IEC 61000-4-4 (1995)+A1, (2000)+A2, (2001); IEC 61000-4-4 (2004); EN 61000-4-4 (1995)+A1, (2001)+A2, (2002); EN 61000-4-4 (2004); KN 61000-4-4	
		Surge	IEC 61000-4-5 (1995)+A1, (2000), IEC 61000-4-5 (2005); EN 61000-4-5 (1995)+A1, (2001), EN 61000-4-5 (2006); KN 61000-4-5	
		Conducted Immunity	IEC 61000-4-6 (1996)+A1, (2001), IEC 61000-4-6 (2003)+A1, (2004)+A2, (2006); EN 61000-4-6 (1996)+A1, (2001), EN 61000-4-6 (2007), KN 61000-4-6	
		Low Frequency Magnetic	IEC 61000-4-8 (1993)+A1, (2000); EN 61000-4-8 (1994)+A1, (2001); KN 61000-4-8	
		Pulse Magnetic	IEC 61000-4-9 (1993)+A1, (2000); EN 61000-4-9 (1993)+A1, (2001)	
		Damped Oscillator Magnetic	IEC 61000-4-10 (1993)+A1, (2000); EN 61000-4-10 (1993)+A1, (2001)	
		Power Drop	IEC 61000-4-11 (1994)+A1, (2000), IEC 61000-4-11 (2004); EN 61000-4-11 (1994)+A1, (2002), EN 61000-4-11 (2004); KN 61000-4-11	
		Ring Waves Immunity	IEC 61000-4-12 (1995)+A1, (2000), IEC 61000-4-12 (2006); EN 61000-4-12 (1995)+A1, (2001), EN 61000-4-12 (2006)	
		Product Specific	CISPR 24 (1997)+A1, (2001)+A2, (2002); EN55024 (1998)+A1, (2001)+A2, (2003); KN 24 with RRL Notice No 2007-101, (Dec 26, 2007); AS/NZS CISPR 24:2002; EN 61000-6-1; EN 61000-6-2; AS/NZS 4254.1; EN 55103-2; EN 50130-4	



FIELD OF TEST	ITEMS, MATERIALS OR PRODUCTS TESTED	SPECIFIC TESTS OR PROPERTIES MEASURED	SPECIFICATION, STANDARD METHOD OR TECHNIQUE USED	*DETECTION LIMIT/RANGE/EQUIPMENT
Combined Emissions	Generic	Product Specific	IEC 60601-1-2; EN 60601-1-2; IEC 61326; EN 61326	Network Based System
Radio Tests	General	Europe	ETSI EN 300 086-2; ETSI EN 300 197; ETSI EN 300 219-1; ETSI EN 300 220-3; ETSI EN 300 328-2; ETSI EN 300 330-2; ETSI EN 300 390-2; ETSI EN 300 440-2; ETS 300 683; ETSI EN 301 489-1; ETSI EN 301 489-3; ETSI EN 301 489-4; ETSI EN 301 489-5; ETSI EN 301 489-7; ETSI EN 301 489-8; ETSI EN 301 489-12; ETSI EN 301 489-15; ETSI EN 301 489-17; ETSI EN 300 826	
		USA	TIA/EIA 603-C using 47 CFR Parts 2, 22 (cellular and non-cellular), 24, 25, 26, 27, 74, 80, 87, 90, 95, 97 and 101	
		Canada	RSS-Gen; RSS-102 (excluding SAR); RSS-117; RSS-118; RSS-119; RSS-123; RSS-125; RSS-128; RSS-129; RSS-130; RSS 130, Annex 1, Issue 2; RSS 130 Attachment 1; RSS-131; RSS-132; RSS-133; RSS-134; RSS-135; RSS-136; RSS-137; RSS-139; RSS-141; RSS-142; RSS-170; RSS-181; RSS-182; RSS-187; RSS-188; RSS-191; RSS-192; RSS-193; RSS-195; RSS-210; RSS-212; RSS-213; RSS-215; RSS-243; RSS-287; RSS-310	



FIELD OF TEST	ITEMS, MATERIALS OR PRODUCTS TESTED	SPECIFIC TESTS OR PROPERTIES MEASURED	SPECIFICATION, STANDARD METHOD OR TECHNIQUE USED	*DETECTION LIMIT/RANGE/EQUIPMENT
Military EMC	General	Conducted Emissions	MIL-STD-461E: Methods CE101, CE102, CE106; MIL-STD-462D: Methods CE101, CE102, CE106; MIL-STD-462C: Methods CE01, CE02, CE03, CE06	Network Based System
		Radiated Emissions	MIL-STD-461E: Methods RE101, RE102 and RE103; MIL-STD-462D: Methods RE101, RE102 and RE 103; MIL-STD-462C: Methods RE01, RE02 and RE03	
		Conducted Susceptibility	MIL-STD-461E: Methods CS101, CS 103; CS 104; CS 105, CS109, CS114, CS115, CS116; MIL-STD-462D: Methods CS101, CS103, CS114, CS115, CS116; MIL-STD-462: Methods, CS01, CS02, CS03, CS04, CS05, CS06, CS08	
		Radiated Susceptibility	MIL-STD-461E: Methods RS101, RS103; MIL-STD-461/462D: Methods RS101, RS103	
Airborne Equipment	General	Power Input	RTCA DO-160E: Section 16	
		Voltage Spikes	RTCA DO-160E: Section 17	
		Audio Frequency Conducted Susceptibility	RTCA DO-160E: Section 18	
		Induced Signal Susceptibility	RTCA DO-160E: Section 20.4	
		Radiated Susceptibility	RTCA DO-160E: Section 20.5	
		Lighting Induced Transient Susceptibility	RTCA DO-160E: Section 22	
		ESD	RTCA DO-160E: Section 25	



FIELD OF TEST	ITEMS, MATERIALS OR PRODUCTS TESTED	SPECIFIC TESTS OR PROPERTIES MEASURED	SPECIFICATION, STANDARD METHOD OR TECHNIQUE USED	*DETECTION LIMIT/RANGE/EQUIPMENT
Product Safety*	General	ITE	IEC 60950 (2001); IEC 60950-1 (2005); EN 60950 (2000); EN 60950-1 (2006); AS/NZS 60950-1 (2003); ANSI/UL 60950-1 (2007); CAN/CSA C22.2 60950-1 (2007)	Network Based System
		Measurement Control and Lab Use	IEC 61010-1 (2001); EN 61010-1 (2001); UL 61010-1 (2004); CAN/CSA C22.2 61010-1 (2004)	
		Medical Equipment	IEC 60601-1 (1988); IEC 60601-1-2; EN 60601-1 (1990); EN 60601-1-2; UL 60601-1 (2003)	
		Machinery	IEC 60204-1 (1997); EN 60204-1 (1997)	
		Transmitters	EN 60215 (1989)	

II. Environmental

Environmental	General	High Temperature	MIL-STD-810, Method 501.4	Network Based System
		Low Temperature	MIL-STD-810, Method 502.4	
		Humidity	MIL-STD-810, Method 507.4	
		Immersion	MIL-STD-810, Method 512.4	

Notes:

- * Does not include measurement of clicks
- ** Does not include UT exposure, resistance to UT exposure, or ionizing radiation.
- This scope is part of and must be included with the Certificate of Accreditation No. AT-

Officer



Attachment I – PT/ILC Summary Report Form 15

AClass TEMPLATE for PROFICIENCY TESTING / ILC REPORTING

Company Name:

Date Submitted to ACLASS November 6, 2008

[illegible]



AClass Accreditation Services
(an ANSI-ISO National Accreditation Board Company)

October 24, 2008

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

RE: Accreditation Assessment

Dear [REDACTED]

This letter is to confirm the dates scheduled for your ISO/IEC 17025 Accreditation Assessment. **The assessment will commence at 9 am on the morning of November 5, 2008 and will around noon on November 7.** We reserve the right to extend the audit should the assessor feel more time is necessary. Please see the attached schedule.

The assessment team will need a place to work from and would appreciate having a working lunch on the site to make best use of the time. The audit team will consist of the following:

Terry Burgess
Steve Berger

If you have any questions please do not hesitate to call.

Sincerely,

Terry Burgess
AClass Assessor





AClass Accreditation Services
an ANSI-ISO National Accreditation Board company

AClass Accreditation Assessment/Reassessment Schedule

ISO/IEC 17025:2005

<u>Time/Date</u>	<u>Activity</u>	<u>Assessors</u>
9am, Nov 5	Opening meeting	Terry
9:30 am	Laboratory tour	Terry/Steve
10 am	Begin ISO/IEC 17025 checklist section 4	Terry
	Witness tests	Steve
Noon	Lunch	
12:30 pm	Continue section 4	Terry
	Continue witnessing	Steve
4:45 pm	Progress meeting	Terry
8:30 am, Nov 6	Begin checklist section 5	Terry
	Continue witnessing	Steve
Noon	Lunch	
12:30 pm	Conclude section 5	Terry
	Continue witnessing	Steve
4:15 pm	Progress meeting	Terry
8:30 am Nov 7	Administrative tasks	Terry
	Conclude witnessing and EMC checklist	Steve
11 am	Closing meeting	Terry



ASSESSOR/EXPERT APPROVAL CHECKLIST

Assessor Name: [REDACTED]

Date of Review: September 25-26, 2008

☒ ISO/IEC 17025

Standard(s) Approved For:

☐ ISO/IEC 17020

☐ ISO Guide 34 (RMP)

Requirement	Compliant	Evidence/Documentation/Comments
Education	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Training	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACCLASS policies and procedures and FCC requirements including use of the FCC Accredited Test Laboratory Technical Assessment Evaluation Checklist and the series of documents that are a non-exclusive list of measurement techniques that may be used when testing equipment to determine its compliance with FCC rules.
Work Experience	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Assessment Experience	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Uncertainty Training/Experience	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PT/LC Training/Experience	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Understanding of Traceability	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ACCLASS Procedures Training	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ARP Process Training	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
Is Witnessing Required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Additional Training Required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ongoing training for continuous improvement. Expect more training at 2009 annual forum
Conduct Primary Standard Assessments (High Precision Level)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Senior Accreditation Manager(s)
Approval:

☒ Lead Assessor

☐ Assessor

☐ Reviewer

☐ Expert